

Transformation Workgroup Cross-Systems Initiatives

Subcommittee

Progress Report

**Presentation to the Transformation
Workgroup**

November 14, 2006

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Cross-Systems Initiatives

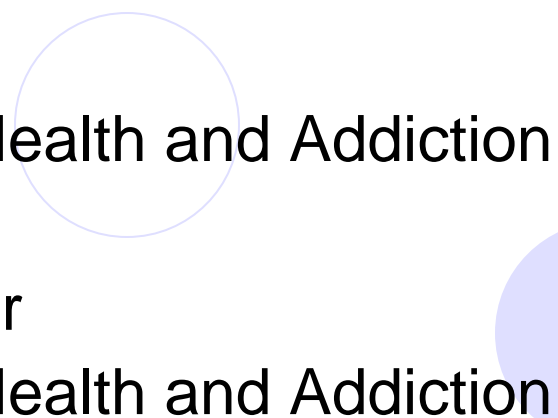
Chair

Stephen C. McCaffrey, JD
President
Mental Health America of Indiana

DMHA Lead Staff

Cathy Boggs
Director
Division of Mental Health and Addiction

Alma West
Operations Manager
Division of Mental Health and Addiction

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Cross-Systems Initiatives

Committee Members

Senator Billie Breaux
Senator Pat Miller
Representative Tim Brown
Representative John Day
Peter Bisbecos
Jeanne Labrecque
Dave Bozell
John Hall
Nancy Jewell

Jim Jones
M.B. Lippold
Bob Marra
Pam McConey
Anne McCranie
Chris Monroe
Julie Newland
Kristen Schunk
Jane Seigel

Cheryl Shearer
Steve Smith
Lynn Smith
Juana Watson
Kathy Weaver
Diana Williams
Lisa Winterheimer
John Dwenger

Cross-Systems Initiatives

- Sub-Committee Role
 - In concert with FSSA/DMHA, identify specific strategies in each of the identified areas
 - Identify clear points of measurement e.g. timelines, measures of success
 - Report to full TWG on progress/barriers toward implementation
 - Serve as point of interface with other bodies who are also working on a particular issue

Cross-Systems Subcommittee

The Subcommittee views the Transformation process as a dynamic one, constantly building, changing and evolving—as well as continuing.

To be presented are recommended goals based on initial testimony reflecting what is essentially “pent up” demand for systems change.

It is expected that additional goals will be added as the first identified goals are completed.



Cross-Systems Initiatives

- Priority Areas
 - Public Health
 - Forensic
 - Early Identification and Intervention
 - Prevention



Public Health

Integration of Primary Care and Behavioral Health

Goal I

To enhance the collaboration of primary care and behavioral health

Expected Time Table for Completion: TBD

Strategy: To develop and evaluate pilots that are demographically diverse

Progress 1: Mental Health CPT codes added to the FQHC billing list; Pilot in progress with Hilltop and Porter Starke CMHC.

Progress 2: Primary Care and Behavioral Health Integration Grant submitted. This is a joint grant opportunity with the Center for Mental Health, OMPP and DMHA. Estimated notification of the award is November 2006.

Potential for Lead Agency: OMPP, DMHA, IN Primary Health Care Association



Public Health

Mental Health and Substance Abuse Training

Goal II

To require adequate mental health and substance abuse training for physicians, particularly primary care physicians and nurse practitioners, enhancing the integration of primary and behavioral health

Expected Time Table for Completion: TBD

Strategy 1. To conduct a survey of physicians and nurse practitioners to determine the extent of mental health and addiction training received;

Strategy 2. To determine the type of training required and the appropriate point of intervention to affect needed levels of expertise.

Potential for Lead Agency: IU; ISDH; School of Nursing; and DMHA Medical Directors



Public Health

Shortage of Mental Health and Addiction Professionals **Goal III**

To increase the number of fellowships for psychiatrists and other professionals

Expected Time Table for Completion: TBD

Strategy 1. To utilize fellowships currently approved,

Strategy 2. To increase the utilization of fellowships for psychiatrists and identify other specialty needs and/or primary care need fellowships, and

Strategy 3. To consider expanding the loan repayment and mandatory stay program, particularly for mental health shortage areas.

Potential for Lead Agency: IU and ISDH





Public Health

Hoosier Healthwise Rebid

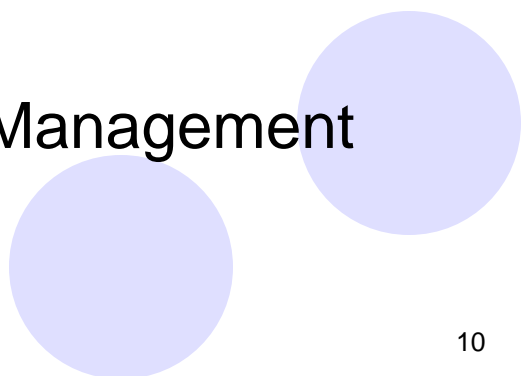
Goal IV

To evaluate the carve-in of behavior healthcare in Medicaid's Hoosier Healthwise

Expected Time Table for Completion: TBD

Strategy: To develop performance based measures by which to evaluate the carve-in

Potential for Lead Agency: TWG Results Management Subcommittee





Public Health

Medicaid Eligibility

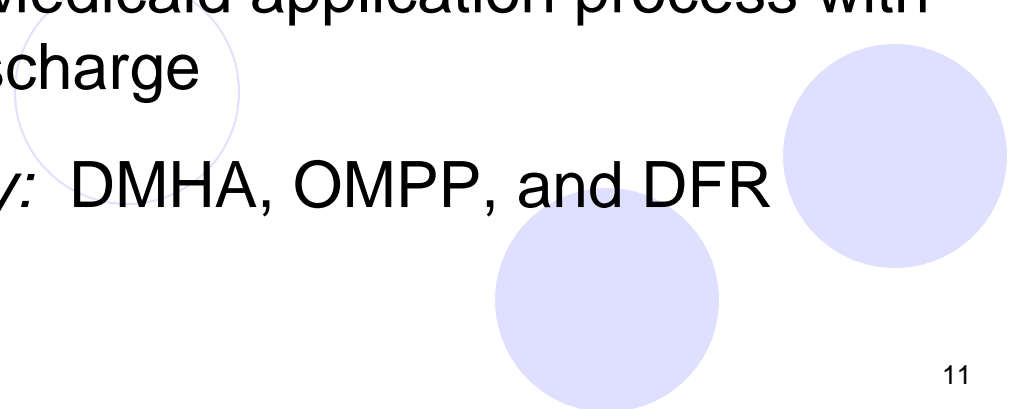
Goal V

To ensure Medicaid eligibility for state hospital patients upon discharge

Expected Time Table for Completion: TBD

Strategy: To initiate the Medicaid application process with adequate time prior to discharge

Potential for Lead Agency: DMHA, OMPP, and DFR





Public Health

Pharmacy Initiative

Goal VI

To fully implement House Enrolled Act 1325, Pharmacy Quality Initiative

Expected Time Table for Completion: July 1, 2007

Strategy: TBD

Progress: First phase of interventions to be implemented January 1, 2007

Lead Agency: OMPP





Forensics

Crisis Intervention Teams

Goal I

To provide statewide training expansion and participation

Expected Time Table for Completion: TBD

Strategy: To identify strategies for statewide replication

Potential for Lead Agency: TBD





Forensics

Community Diversion

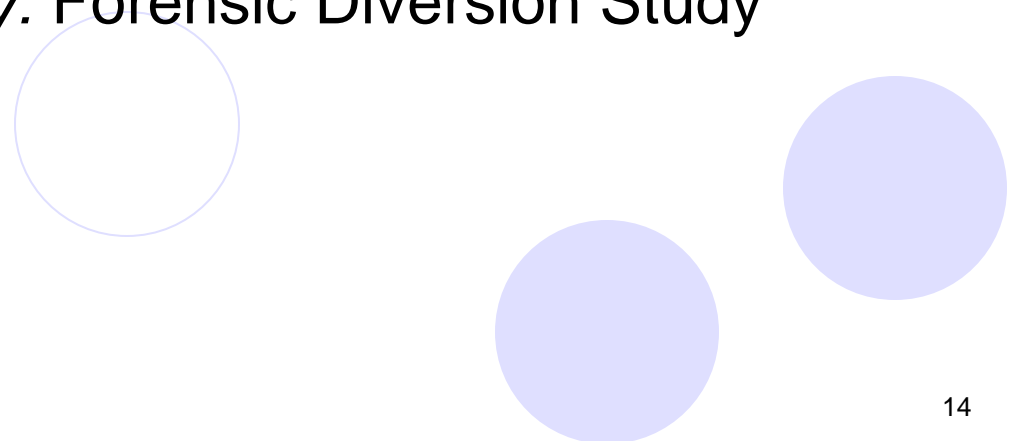
Goal II

To implement community diversion programs statewide

Expected Time Table for Completion: TBD

Strategy: To identify strategies for statewide replication

Potential for Lead Agency: Forensic Diversion Study Committee





Forensics

Mental Health Records in Jail and on Release

Goal III

To require coordinated and shared mental health and addiction record exchange between the Department of Correction, county jails, State Operated Facilities and community providers

Expected Time Table for Completion: TBD

Strategy: Support introduction and passage of language presented to the Commission on Mental Health

Potential for Lead Agency: DMHA and DOC



Forensics

Treatment in jails and the Department of Corrections

Goal IV

To require jails and DOC to provide quality mental health and addiction services

Expected Time Table for Completion: TBD

Strategy 1. To assess mental health and addiction services provided in jails and prisons, and

Strategy 2. To ensure comparable mental health and addiction services regardless of where person is served

Potential for Lead Agency: DMHA, DOC, ISDH, and the Association of Counties



Forensics

Substance Abuse Treatment

Goal V

To provide offenders identified with an addiction disorder substance abuse treatment upon entering the DOC facility as opposed to providing treatment based on the release date

Expected Time Table for Completion: TBD

Strategy: TBD

Potential for Lead Agency: DOC





Forensics

Medicaid Eligibility

Goal VI

To ensure Medicaid eligibility upon re-entry for offenders with mental illness who qualify for disability status

Expected Time Table for Completion: TBD

Strategy: To initiate the Medicaid application process with adequate time prior to release

Progress: A Memorandum of Understanding has been signed by the Department of Correction and FSSA with an implementation date of October 2006 which permits early application for FSSA benefits

Lead Agency: DOC



Forensics

Work Release

Goal VII

To increase the use of work release for nonviolent offenders who have a mental illness or addictive disorder

Expected Time Table for Completion: TBD

Strategy: To review DOC's work release policy as it pertains to medication

Potential for Lead Agency: DOC and DMHA





Forensics

Re-entry Programs

Goal VIII

To assure access to mental health and addiction treatment to offenders in the re-entry program

Expected Time Table for Completion: TBD

Strategy: To ensure DOC reentry staff have mental health and addiction provider contact information for appointment setting

Potential for Lead Agency: DOC



Early Identification/Intervention

Indiana's Social, Emotional and Behavioral Health Plan for Children

Goal I

To fully implement the 529 Plan

Expected Time Table for Completion: TBD

Strategy: Develop and promulgate rules as needed

Potential for Lead Agency: DOE

Early Identification/Intervention

CANS

Goal II

To implement CANS (Child and Adolescent Needs and Strengths) Assessment Tool across child serving agencies

Expected Time Table for Completion: July 1, 2007

Strategy: To initially implement this tool within the Division of Mental Health and Addiction and the Department of Correction.

Strategy: To work with the Department of Child Services and the Juvenile Justice Agencies to plan for use of the assessment instrument

Lead Agency: DMHA

Early Identification/Intervention

Evidence Based Practices

Goal III

To identify and implement evidence based practices state-wide

Expected Time Table for Completion: TBD

Strategy: Identify model programs to support the transition of youth to adult, with an emphasis on employment and housing

Potential for Lead Agency: TWG Knowledge Dissemination and Use Group

Early Identification/Intervention

Resource Development

Goal IV

To investigate mandatory billing for Medicaid reimbursement for special education where appropriate

Expected Time Table for Completion: TBD

Strategy: TBD

Potential for Lead Agency: DOE



Prevention

Interface with Federal Prevention Grants

Goal I

To maximize the benefit of the Federal Prevention grants including the Strategic Prevention Framework State Incentive Grant and the Substance Abuse Prevention and Treatment Block Grant

Expected Time Table for Completion: TBD

Strategy: To inventory Indiana's prevention grants and the populations targeted

Potential for Lead Agency: TBD

